

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787 348** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1					
5		1	1			
6	1			1		
7		1		1		
8	1		1			
9		1	1			
10	1		1			
11	2		2			
12	2		2			
13	2		2			
14	2		2			
15	1		1			
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100						
TOTAL IND.	1		4			
TOTAL DEP.	20	↓	21	↓		
TOTAL CLAIMS	21		25			

FIG-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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